



1631  
B

Docket No. 2000-039RCE  
**PATENT**

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 5-18-04

BY: Suzanne Shadley  
Suzanne Shadley

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Falcioni et al.

Serial No.: 09/840,003

Filed: 4/19/01

For: Combinatorial Parameter Space  
Experiment Design

Confirmation No. 3082

Group Art Unit: 1631

Examiner: Allen, Marianne P.

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL LETTER**

Sir:

Transmitted herewith (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Preliminary Amendment             | <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement |
| <input type="checkbox"/> Response/Amendment A              | <input type="checkbox"/> Petition Under 37 CFR 1.97(d)(2)                         |
| <input type="checkbox"/> Response/Amendment After Final    | <input type="checkbox"/> Formal Drawings  |
| <input type="checkbox"/> Supplemental Amendment            | <input type="checkbox"/> Declaration Under 37 CFR 1.131                           |
| <input type="checkbox"/> Affidavits/Declarations           | <input type="checkbox"/> Declaration Under 37 CFR 1.132                           |
| <input type="checkbox"/> Declaration and Power of Attorney | <input type="checkbox"/> Terminal Disclaimer                                      |
| <input type="checkbox"/> Supplemental Declaration          | <input type="checkbox"/> Small Entity Statement                                   |
| <input type="checkbox"/> Power of Attorney                 | <input type="checkbox"/> Request for Refund                                       |
| <input type="checkbox"/> Change of Correspondence Address  | <input type="checkbox"/> Appeal   |
| <input type="checkbox"/> Associate Power of Attorney       | <input type="checkbox"/> Request For Continued Examination                        |
| <input type="checkbox"/> Response to Missing Parts         | <input type="checkbox"/> Status Letter  |

to be filed in the above-identified patent application.

☒ No fee is required.

☒ The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to Deposit Account No. 50-0496.

A duplicate copy of this Transmittal Letter is transmitted herewith.

Date: 5/18/04

Respectfully submitted,

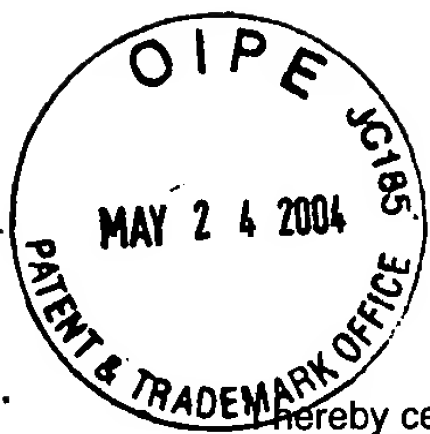


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Attorney Docket No. 2000-039RCE  
PATENT

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For: Combinatorial Parameter Space  
Experiment Design

Examiner: Allen, M.

Santa Clara, California  
May 18, 2004

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

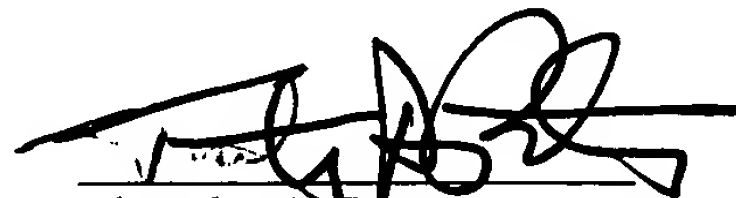
Sir:

Applicant requests that the references cited herein be considered in connection with the examination of this application. The references are listed on the attached PTO-1449 form.

Copies of the references are enclosed.


Applicant believes that no fee is required for submission of this statement. If a fee is required, the Commissioner is authorized to deduct such fee from Deposit Account No. 50-0496.

Respectfully submitted,



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<b>INFORMATION DISCLOSURE CITATION</b>  PTO-1449			ATTORNEY'S DOCKET NO.:		APPLICATION NO.:	
			2000-039RCE		09/840,003	
			APPLICANT: Falcioni et al.			
			FILING DATE:		GROUP:	
			April 19, 2001		1631	
<b>US PATENT DOCUMENTS</b>						
EXAMINER'S INITIALS	PATENT NO.	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	4,368,509	1/11/83	Li	364	148	6/22/81
	4,472,770	9/18/84	Li	364	148	9/29/82
	4,710,864	12/1/87	Li	364	148	9/19/84
<b>FOREIGN DOCUMENTS</b>						
EXAMINER'S INITIALS	PATENT NO.	DATE	COUNTRY	CLASS	SUB CLASS	TRANSLATION ?
<b>OTHER DOCUMENTS (including Author, Title, Date, Pertinent Pages Etc.)</b>						
EXAMINER:				DATE CONSIDERED:		

*Examiner: Initial if reference considered, whether or not citation is in conformance with M.P.E.P. 609; draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.*